



## NO KNOWN LOSS STATEMENT (REINSTATED EMPLOYEE)

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Re: \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_ EMPLOYEE SSN \_\_\_\_\_

Please reinstate this employee effective \_\_\_\_\_. I certify this employee has had no losses, claims, or accidents. I further certify that I have no knowledge of any pending or potential reason that could give rise to a claim due to this employee.

Client Name: \_\_\_\_\_

X \_\_\_\_\_  
(OFFICER/OWNER SIGNATURE)

X \_\_\_\_\_  
DATE SIGNED